

## Vendor Registration Form

**YOU MUST SUBMIT THIS FORM ALONG WITH YOUR SELECTED APPLICATION CHOICE. NOTE: VENDOR APPLYING FOR BUSINESS ENTERPRISE PROGRAM (BEP) AND VETERAN BUSINESS PROGRAM (VBP) MUST SELECT EITHER OPTION 1 OR OPTION 2 BELOW:**

New applicants	<p><b>Basic qualifications:</b></p> <ul style="list-style-type: none"> <li>Under 75 million annual gross sales</li> <li>Must be owned 51% by the eligible female, minority, person with disabilities or veteran owned.</li> <li>All firms seeking MBE, FBE, PBE or Veteran certification must be independently owned, operated and controlled by the 51% member.</li> <li>Veteran must be Illinois resident with home office in Illinois.</li> <li>The ownership must be real, substantial and continuing, and must exercise the authority to independently control the day-to-day business decisions.</li> </ul>
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Option 1	<p><b>BEP application for minority, females and person with disabilities</b></p> <ul style="list-style-type: none"> <li>If you never applied for BEP certification there are two methods in getting certified. Please choose either the process of a Full Certification or a Recognition Certification. You must select only one below:           <ul style="list-style-type: none"> <li>BEP Full certification click link below:  <a href="http://www2.illinois.gov/cms/business/sell2/bep/Pages/BEPFullCertAppWelcome.aspx">http://www2.illinois.gov/cms/business/sell2/bep/Pages/BEPFullCertAppWelcome.aspx</a></li> <li>Recognition with one of the following host agency certifications: IDOT, METRA, PACE, CTA, City of Chicago, Cook County, WBDC and CMSDC click link below:  <a href="http://www2.illinois.gov/cms/business/sell2/Documents/BEP_Recognition_Certification.pdf">http://www2.illinois.gov/cms/business/sell2/Documents/BEP_Recognition_Certification.pdf</a></li> </ul> </li> </ul>
BEP Applications	

Option 2	<p><b>VBP application must be completed for Service Disabled/Veteran owned business.</b></p> <ul style="list-style-type: none"> <li>If you never applied for VBP certification, there are two methods in getting certified. Please choose either the process of a Full Certification or a Recognition Certification. You must select only one below:           <ul style="list-style-type: none"> <li>VBP Full certification click at click link below:  <a href="http://www2.illinois.gov/cms/business/sell2/Pages/VBPFullCertAppWelcome.aspx">http://www2.illinois.gov/cms/business/sell2/Pages/VBPFullCertAppWelcome.aspx</a></li> <li>Recognition with one of the following host agency certifications: Center for Veteran Enterprise (CVE) or Cook County click link below:  <a href="http://www2.illinois.gov/cms/business/sell2/Documents/VBP_RECOGNITION.pdf">http://www2.illinois.gov/cms/business/sell2/Documents/VBP_RECOGNITION.pdf</a></li> </ul> </li> </ul> <p><b>Note: Veteran minority and female may qualified for both BEP and VBP</b></p>
Veteran Application	

You must register with the State of Illinois Procurement Bulletin Boards to get notices on bids opportunities	
Illinois Procurement Bulletin Illinois Public Higher Education Procurement	<a href="http://www.purchase.state.il.us/ipb/registration.nsf/RegMainFrameset?OpenFrameset">http://www.purchase.state.il.us/ipb/registration.nsf/RegMainFrameset?OpenFrameset</a> <a href="http://www.procure.stateuniv.state.il.us/">http://www.procure.stateuniv.state.il.us/</a>
Capital Development Board Illinois Tollway IDOT	<a href="https://cdbpublic2.cdb.state.il.us/cdbdev/site/cdbbiz/">https://cdbpublic2.cdb.state.il.us/cdbdev/site/cdbbiz/</a> <a href="http://www.illinoistollway.com/doing-business">http://www.illinoistollway.com/doing-business</a> <a href="http://www.idot.illinois.gov/doing-business/index">http://www.idot.illinois.gov/doing-business/index</a>

### Need Help

**Where do I get help in filling out these forms?**

- Contact your local procurement technical assistance centers at your respected state below is the link:
  - <http://www.aptac-us.org/>
- Call our office for further assistance at 312-814-4190

## Vendor Registration Form

State of Illinois  
Department of Central Management Services  
Business Enterprise Program (BEP)  
100 W. Randolph, Suite 4-100  
Chicago, Illinois 60601

The information requested is necessary to accomplish the statutory purpose as outlined under, 30 ILCS 500/1 et seq. Disclosure of this information is REQUIRED. If you do not complete this form, you may not receive the benefits of all programs. In compliance with the state and federal constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not unlawfully discriminate in employment, contracts, or any other activity.

**INSTRUCTIONS:** Please type or print all information. If appropriate, indicate "same," "not applicable," or "none," so that all questions are answered. This form may be mailed or emailed back to the State, but needs to have an original signature.

### 1. LEGAL BUSINESS NAME AS FILED WITH THE INTERNAL REVENUE SERVICE

Business Name:	<input type="text"/>		
Address (Do not use PO Box):	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
County:	<input type="text"/>		
Contact Person:	<input type="text"/>	E-mail Address:	<input type="text"/>
Telephone Number:	<input type="text"/>	Toll Free Number:	<input type="text"/>
Fax Number:	<input type="text"/>	Company Website Address:	<input type="text"/>

### 2. IF A DIVISION OF A CORPORATION, THEN PROVIDE NAME AND ADDRESS OF PARENT COMPANY

Business Name:	<input type="text"/>		
Address (Do not use PO Box):	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>

#### For Small Business Set-Aside

30 ILCS 500/45-45 establishes that a representative number of State of Illinois Procurements be designated as Small Business Set-Asides for competition by small businesses **based** in Illinois. "Small Business" means a business that is independently owned and operated, is not dominant in its field of operation, and meets the required size status and sales limitations. A business is considered "not dominant in its field of operation" if it does not exercise a controlling or major influence in a kind of activity in which a number of business concerns are primarily engaged. When computing the size status of a bidder, annual sales and receipts of the bidder and all of its affiliates shall be included.

**To apply for the Small Business Set-Aside Program (SBSP), please click on the link below:**

<https://www2.illinois.gov/cpo/general/Pages/Sell2Illinois.aspx>

## Vendor Registration Form

### 3. ILLINOIS DEPARTMENT OF HUMAN RIGHTS EMPLOYER REPORT FORM

The Illinois Department of Human Rights (IDHR) Form PC-1 is required if you have 15 or more employees. Please return the PC-1 form to the address specified on the form. The form may be found at:

[http://www2.illinois.gov/dhr/PublicContracts/Pages/First\\_Time\\_Employer\\_Report\\_Form.aspx](http://www2.illinois.gov/dhr/PublicContracts/Pages/First_Time_Employer_Report_Form.aspx)

3.1. Do you employ 15 or more employees?

Yes (If yes, then do not return this application without providing your IDHR Registration Number)

No

3.2. IDHR Contractor Registration Number:

3.3. Expiration Date:

### 4. PRODUCT OR SERVICE CATEGORIZATION

From the list of supply/service classifications located at

[http://www2.illinois.gov/cms/business/sell2/bep/Pages/Vendor\\_Registration.aspx](http://www2.illinois.gov/cms/business/sell2/bep/Pages/Vendor_Registration.aspx),

you may list up to 10 classifications most applicable to your business. Provide the **full 7 character commodity number** and short description as listed. For example, Fencing S210-260. If more than 10 categories are needed, submit on a separate page. Once your application is approved in BEP, or VBP, you must contact each program individually to add/delete any classifications.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

### 5. DATE OF BUSINESS ESTABLISHMENT

### 6. ANNUAL SALES

Total Gross Sales and Receipts (in \$) for the most recent fiscal year, including amounts for all affiliated businesses:

## Vendor Registration Form

### 7. CERTIFICATION: TAXPAYER IDENTIFICATION

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to back withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor with a D/B/A, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations.
- For all other entities, enter the name below with the EIN.

Name:

Business Name:

#### TAXPAYER IDENTIFICATION NUMBER

Social Security Number:

Or

Employer Identification Number:

Legal Status (check one only):

- |   |   |
|---|---|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Governmental   |
| <input type="checkbox"/> Sole Proprietorship  | <input type="checkbox"/> Nonresident Alien  |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Estate or Trust  |
| <input type="checkbox"/> Legal Services Corporation   | <input type="checkbox"/> Pharmacy (Non-Corp.)   |
| <input type="checkbox"/> Tax-exempt   | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.)                           |
| <input type="checkbox"/> Corporation NOT providing or billing medical and/or health care services | <input type="checkbox"/> Limited Liability Company (select applicable tax classification) |
| <input type="checkbox"/> Corporation providing or billing medical and/or health care services.    | <input type="checkbox"/> D = Disregarded entity   |
|   | <input type="checkbox"/> C = Corporation  |
|   | <input type="checkbox"/> P = Partnership  |

## Vendor Registration Form

Please attach W-9 Taxpayer Identification Form for verification of number.

### 8. SIGNATURE

The undersigned does swear or affirm that the information provided in this Business Enterprise Program Application is true and correct as of the time of signing. Applicant understands and agrees that failure to provide true and accurate information on this or any other document submitted to the state may, in accordance with Illinois statutes and rules, result in suspension from doing business with the state, termination of contracts, loss of profits in appropriate cases, and other sanctions.

Applicant agrees to provide additional information upon request to support the information provided herein, and further agrees that the state may audit any of applicant's records pertaining to this Application. It is the responsibility of the applicant to immediately notify the Business Enterprise Program of any and all changes in the content of this application.

The undersigned is authorized to sign this form on behalf of the applicant.

Signature:

Name:

Title:

Date

This is a fillable / savable PDF form.

This form and additional documents must be mailed to:

**State of Illinois**  
**Department of Central Management Services**  
**Business Enterprise Program (BEP)**  
**100 W. Randolph, Suite 4-100**  
**Chicago, Illinois 60601**

Note: Once certified in the Business Enterprise Program (BEP) or Veterans Business Program (VBP), all products/services/contact information on this application will be available for government and public view via the vendor search directory on the Sell2.Illinois website. It is the responsibility of the applicant to notify the BEP in writing of any and all changes.